2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N01766

Entity Name: FRIENDS OF THE LIBRARY OF LAKELAND, FLORIDA, INCORPORATED

Current Principal Place of Business:

LAKELAND PUBLIC LIBRARY
100 LAKE MORTON DRIVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

SUSAN CRAWFORD
100 LAKE MORTON DRIVE
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-2563185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LILYQUIST, LISA
100 LAKE MORTON DRIVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	KRAUSE, CAROL	
Address:	6550 CREWS LAKE HILLS LOOP, E	
City-St-Zip:	LAKELAND, FL 33813	
Title:	SD	( ) Delete
Name:	BORDEN, GAIL	
Address:	3226 STONEWATER DRIVE	
City-St-Zip:	LAKELAND, FL 33803	
Title:	TD	( ) Delete
Name:	CHARLET, KERRY	
Address:	205 E. ORANGE STREET	
City-St-Zip:	LAKELAND, FL 33801	
Title:	PP	( ) Delete
Name:	ROWBOTHAM, BONNIE	
Address:	915 BROOKWOOD DRIVE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	VP	( ) Delete
Name:	MARTINI, LORI	
Address:	4720 CLEVELAND HEIGHTS BLVD	
City-St-Zip:	LAKELAND, FL 33813	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	MARTINI, LORI	
Address:	1501 SOUTH FLORIDA AVE.	
City-St-Zip:	LAKELAND, FL 33803	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PP	(X) Change ( ) Addition
Name:	KRAUSE, CAROL	
Address:	6550 CREWS LAKE HILLS LOOP, E	
City-St-Zip:	LAKELAND, FL 33813	
Title:	VP	(X) Change ( ) Addition
Name:	WORKMAN, MICHAEL	
Address:	500 SOUTH FLORIDA AVE, SUITE 800	
City-St-Zip:	LAKELAND, FL 33801	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRY CHARLET TD 03/23/2009

Electronic Signature of Signing Officer or Director — Date